Send by 28th of the Month to: Indiana Department of Environmental Management Office of Water Quality, Mail Code 65-42 100 North Senate Avenue

Indianapolis, Indiana 46204-2251

Monthly Report of Operation

Lagoon Type Wastewat

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ter	Treatment P	lant

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Name of Facility			Permit Number	
Certified Operator: Name		Class	Certificate Number	Expiration Date
Month:	Year	E-mail addre		

Page 1 of 2									2	(if available)																
General Information Bypasses/ Overflows					asses/ rflows	Raw Wastewater						Final Effluent							Controlled Discharge							
Day of the Month	Day of the Week	Precip Inches	1st Cell Water Level (ft.)	Chemical Used (lbs)		At Plant Site ("x" if occurred)	Collection System ("x" if occurred)	Influent Flow Rate (MGD)	Нd	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	Effluent Flow Rate (MGD)	Hd	CBOD (mg/l)	TSS (mg/l)	Phosphorus (mg/l)	Ammonia (mg/l)	D.O. (mg/l)	Cont. Tank Resid. Chlorine (mg/l) or E. Coli colony/100 ml	Final Residual Chlorine (mg/l)	Upstream Gage Reading (in.)	Upstream Flow (MGD)	Dilution Ratio (Discharge / Upstream)	Last Cell Water Level (ft.)
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Minimum	1																									

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Certified Operator

Phone Number:

Signature of Officer, Principal Executive, or Authorized Agent

Date

Monthly Report of Operation lant

				Lagoon Type
me of Facility	Permit Number	For Month Of:	Year	Wastewater Treatment Pl
				(Revised - 12/05)

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	Influent Loading Effluent Loading						Loadin	g	Enter Comments Below:	
Hypopurp 1 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	CBOD (lps)	TSS (lbs)	CBOD (lbs)	TSS (lbs)	CBOD (lbs)	TSS (lbs)	Phosphorus (lbs)	Ammonia (lbs)		
24 25										
26 27									Removal Rates: Monthly Totals:	
28									Overall BOD removal: Influent flow (mg):	
29					-					
30 31									Overall TSS removal: Effluent flow (mg):	
Avg										
Max										
Min										
supervis evaluate persons knowled	tion in accor the information directly responding directly responding to the directly responding to th	ty of law that dance with a ation submitt ponsible for ef, true, accurmation, incl	a system dated. Based gathering turate, and date	esigned to d on my inc the information	assure the quiry of the ation, the interest and aware as a secondary as a seconda	at qualified e persons w nformation re that ther	d personne who manag submitted e are signi	I properly ge the syst is, to the ficant pen	gather and em, or those coest of my alties for	(DATE)
									(C.C.ATTORE OF FRINGE RE EXECUTIVE OF HOLK OR AUTHORIZED ACEIT)	(DATE)